PTO/6B/01 (03-01) Approved for use through 10/91/2002. OMB 0651-0032 Stent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 19	395, no persons are required			office; U.S. DEPARTMENT OF COMMERCE cless it contains a valid QMB control number.		
DECLARATION FO	מל עדו ודע לפ	Attorney Docks	et Number	GKNG 1282 PCT		
DECLARATION FO		First Named Inv	ventor	ARTUR GRUNWALD, ET AL.		
PATENT APPL		cc	MPLETE IF	KNOWN		
(37 CFR 1		Application Nun	nber	10 / 575,730		
Declaration	Declaration	Filing Date	APRIL	L 13, 2006		
Submitted OR with Initial	Submitted after initial Filing (surcharge	al Group Art Unit				
Filing	77 ČED 4 46 Č\\					
As a below named inventor, I he	reby declare that:					
My residence, mailing address, an	id citizenship are as state	ed below next to my nam	ıe.			
I believe I am the original, first and						
names are listed below) of the sub	)ject matter writch is clair	med and for which a paid	ent is sought o	in the invention entitled;		
AXIAL SETTING DEVICE				ŀ		
1						
	(Tille of ti	he Invention)				
the specification of which						
is attached hereto						
ÓR.						
	24/40/2000					
was filed on (MM/DD/YYYY)	04/13/2006	as United St	ates Applicatio	on Number or PCT International		
Application Number 10/575,73	30 and was a	amended on (MM/DD/YY)	m	(if applicable).		
<u> </u>			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
I hereby state that I have reviewed amended by any amendment spec	t and understand the cor difically referred to above	ntents of the above identi	ified specificati	ion, including the claims, as		
I acknowledge the duty to discloss	information which is ma	aterial to patentability as o	delined in 37 (	OFR 1.56, including for continuation-		
in-part applications, material inform PCT international filing date of the	nation which became av	railaNe hetween the filing	date of the pr	nor application and the national or		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for						
patent, inventor's or plant breeder application on which priority is claim	rs rights certificate(s), o	r any PCT international	application ha	ving a filing date before that of the		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?		
PCY/EP 2004/010788	EPO	09/25/2004				
103 49 030.2		10/13/2003				
				1 1 1 1 1		
	GERMANY	10/10/2000	一一			
	GERMANT	10/10/2005				

[Page 1 of 2]

Burden How Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

248 2239522 P.10/18 US/OCO

PTO/88/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid QMB control number

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Nur or Bar Code L		027256	3	OR		Correspondence	address below
ROBERT P. RENKE ARTZ & ARTZ, P.C.							
Name							
28333 TELEGRAPH ROAD SUITE 250							
Address						1	
SOUTHFIELD			State	МІ		ZIP 48094	
	-	•			,		
U.Ş.A. Country	Telephon	248-223-9 1 <del>8</del>	500			248-22 Fax	3-9522
I hereby declare that all statements made herein of n are believed to be true; and further that these stater made are punishable by fine or imprisonment, or both validity of the application or any patent issued thereon	nents wer h, under 1	e made with I	the kno	wiedae	that willfu	ul false statement	is and the like so
NAME OF SOLE OR FIRST INVENTOR:	A	petition ha	s beer	filed	for this	unsigned inver	ntor
Given Name ARTUI	R		Family or Surr			GRUNWA	ALD
Inventor's Signature						Date 17	.05.2006
NÜMBRECHT Residence: City	Sta	ıte		ERMAI	•	Citizenship	GERMAN
ORCHIDEENWEG 18						,	
Mailing Address						<del></del> _	· · · · · · · · · · · · · · · · · · ·
City	Sta	te		ZIP	D-51588	Country	GERMANY
NAME OF SECOND INVENTOR:	T A	etition has	been 1	iled fo	r this ur	signed invent	or
Given Name (first and middle [if any])	TER		amily I			NETT	
Inventor's Signature Date 5,06,2006							
ADENAU Residence: City	State	,	Col	ĢERI I <b>ntry</b>	MANY	Citlzenship	GERMAN
ZUM ECKERNBAUM 14 Mailing Address							
ADENAU City	State	)	ZIP	D	-63518	Country	GERMANY
Additional Inventors are being named on the 1	_supplem	ental Additiona	al Inven	tor(s) s	heet(s) PT	O/SB/02A attach	ed hereto.
The state of the s							

			nent and Trademark Office	use through 07/31/2006, OMB 0651-0032 as: U.S. DEPARTMENT OF COMMERCE		
Under the Paperwork Reduction Act of 1995, no perso	ns are required to re	lo respond to a collection of information unless it contains a valid OMB control number.  ADDITIONAL INVENTOR(S)  Supplemental Sheet  Page 3 of 3				
Name of Additional Joint Inventor, if an	ıy:	A peti	tion has been filed for	lhis unsigned inventor		
Given Name (first and middle (if any)	))	Family Nam	e or Surname			
THEODOR		GASSMANN				
Inventor's Signature				Date 17.5.06		
SIEGBURG		],	GERMANY	GERMAN		
Residence: City	State		Country	Citizenship		
EICHENDÖRFFSTRASSE 60  Mailing Address						
SIEGBURG			D-53721	GERMANY		
City	State		Zlp	Country		
Name of Additional Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any)	<b>)</b> )	1	Family Name	e or Surname		
BERNHARD		TERFLOTH				
Inventor's Signature				(.7.2006		
REMSCHEID	]		GERMANY	GERMAN		
Residence: City	Ştate		Country	Citizenship		
FLIEDERWEG 17						
Mailing Address	T					
REMSCHEID	1_, .		D-42899	GERMANY		
City	State		Zip	Country		
Name of Additional Joint Inventor, if an	у:	A petif	tion has been filed for	this unsigned inventor		
Given Name (first and middle (if any))	)	Family Name or Sumame				
JOSEF		BACHMANN				
Inventor's Buck				6.7,2006 Date		
OBERSINN Residence: Clty	State		GERMANY Country	GERMAN Cilizenship		
HARTBERG 3A						
Malling Address						
OBERSINN City	State		0-97791 Zip	GERMANY Country		

City State J.Zip J.Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

CORRESPONDENCE ADDRESS

**INDICATION FORM** 

03/020

## PTO/SB/51 (11-04) Approved for use through 11/30/2006. OMB 0651-0035 U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/575 720 Filing Date **POWER OF ATTORNEY** First Named Inventor and

APRIL 13, 2006 ARTUR GRUNWALD, ET AL. Title AXIAL SETTING DEVICE Art Unit Examiner Name

			Attorney Do	cket Number	GKNG 1282	PÇI				
I hereby revoke a	Il previous pov	wers of attorney gi	ven in the ab	ove-identific	ed application.	<del></del>				
I hereby appoint:	······································			· · · · · · · · · · · · · · · · · · ·						_
Prectitioners as	Precitioners associated with the Customer Number.				3					
OR			L			]				
Practitioner(s)	named below:									
	Nar	пе			Registration Nur	nber			<b>一</b> ,	
						~~~				
					•				_	
as my/our attorney(s) Trademark Office con		secule the application	identified above	, and to transa	ct all business in t	ne United	Slates	Pale	nt and	
		pondence address for t	ho obeye Identif	lad application	to:					_
[77]				• •	110.					
OR The address	associated with t	he above-mentioned C 	Justomer Numbe	or.	<del></del>					
l —										
OR OR	associated with t	Customer Number:								
Firm or Individual	Name									
Address	110.110									_
City				State		Zip				
Country Telephone		<del></del>	ı	Fax						
Lam the:			l							_
Applicant/Inv	entor.									
		e interest. See 37 CFR (b) is enclosed. (Form								
	·	SIGNATURE of	Applicant or As	signee of Re	cord					
Signature	JOSEF BACHM	ANN			Date		6.	} .	2006	<u>-</u>
Name	(1300	h			Telepho	ne				
Tille and Company										
NOTE: Signatures of all to signature is required, see	he inventors or assig below".	gnees of record of the end	re imerest or their	representative(s)	) are required. Submi	t multiple f	orms if n	nore (i	nan one	
Total of 5	forms ar	e submitted.		· <del>-</del> · · ·	·					_
										_

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submittaing the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0851-0035
U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE
d to a collection of information unless if deplays a valid OMB activation when

### **POWER OF ATTORNEY** and CORRESPONDENCE ADDRESS INDICATION FORM

Under the Paperwork Reduction Act of 1996, no persons are re	quired to respond to a collection of info	ormation unless it displays a valid OMB control number.
,	Application Number	10/575.730
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Filing Date	APRIL 13, 2006
	First Named Inventor	ARTUR GRUNWALD, ET AL.
	Title	AXIAL SETTING DEVICE
	Art Unit	
	Examiner Name	
	Attorney Docket Number	GKNG 1282 PCT

_							
I hereby revoke a	I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:							
Practitioners as	ssociated with the Customer Number:	027256					
Practitioner(s)	named below:						
l	Name	Regia	stration Number				
l							
<u>                                   </u>							
l							
as my/our attorney(s)	or agent(s) to prosecute the application	Identified above, and to transact all b	usiness in the U	niled States Patent and			
Trademark Office con							
Please recognize or c	change the correspondence address for	the above-identified application to:					
[ [ <u>[</u>	•	·					
OR Ine address	s associated with the above-mentioned (	Justomer Number:	$\overline{}$				
The address	s associated with Customer Number:						
Firm or Individual	I Namo						
Address	I IVallie						
City		State	;	Zip			
Country							
Telaphone		Fax					
I am the:							
Applicant/Inv	ventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	BERNHARD TERFLOTH		Date	6.7.2006			
Name	4 10.11		Telephone				
Title and Company							
NOTE: Signatures of all ( signature is required, see	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of 5	forms are submitted.			<u> </u>			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,

03/020

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. POWER OF ATTORNEY

## and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	10/575,730	
Filing Date	APRIL 13, 2006	
First Named Inventor	ARTUR GRUNWALD, ET AL.	
Title	AXIAL SETTING DEVICE	
Art Unit		
Examiner Name		
Attorney Docket Number	GKNG 1282 PCT	

I hereby revoke all previous powers of attorney given	ven in the above-identified a	pplication.	
l hereby appoint:			
Practitioners associated with the Customer Number:	027256		
OR I	<u> </u>		
Practitioner(s) named below:			
Name	Re	gistration Number	
	· .		<del></del>
as my/our attorney(s) or agent(s) to prosecute the application.  Trademark Office connected therewith.	identified above, and to transact all	business in the Un	illed States Patent and
Please recognize or change the correspondence address for t	he above-identified application to:		
The address associated with the above-mentioned C	ustomer Number:		
OR			
The address associated with Customer Number:			
Firm or Individual Name		_	
Address			
	Louis	——————————————————————————————————————	74°1
City	State		Zip
Telephone	Fax		
1 am the:			
Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form	: 3.71. <i>PTO/SB/</i> 96)		
	Applicant or Assignee of Record	'	<u> </u>
Signature HANS-PETER-NETT /	7 -	Date	5.06-2006
Name / Ome/V	7	Telephone	
Title and Company			
NOTE: Signatures of all the inventors or assignees of record of the enti- signature is required, see below.	re interest or their representative(s) are	required. Submit multi	ipie forma if more than one
Total of 5 (orms are submitted.			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is ostimated to take 3 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

03/00

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Palant and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are requi

### **POWER OF ATTORNEY** and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of Info	mation unless it displays a valid OMB control number.
Application Number	10/575.730
Filing Date	APRIL 13, 2006
First Named Inventor	ARTUR GRUNWALD, ET AL.
Title	AXIAL SETTING DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1282 PCT

			_				-
I hereby revoke a	ill previous powers of attorney g	iven in the at	ove-ide	entified applic	ation.		
I hereby appoint:							
1	ssociated with the Customer Number:		027	256			
OR							
Practitioner(s)	named below:						
	Name			Registrat	lon Number	<del></del>	1
							1
							4
				·	~~		4
							1
		Idealifed share	22412	anna ann an leithean	in the Lie	alled Chains Datest as	Ţ
as my/our attorney(s) Trademark Office con	or agent(s) to prosecute the application nected therewith.	igėvnijaė apovė	, and to t	fansact all busini	ess in the Ur	niled States Patent an	a
							-
I —	change the correspondence address for	Ine apove-kieriu	nea appu	cation to:			
The address	s associated with the above-mentioned (	Customer Numb	BT.		-		
UK							
The address	s associated with Customer Number:	1					
OR		<u> </u>			<u> </u>		
Firm or Individual	l Name						
Address						****	
	1						
Cily			State			Ζiρ	
Country							
Telephone			Fax				
l am the:						-	
Applicant/Inv	rentar.						
	record of the entire interest. See 37 CFF						
Statement ui	nder 37 CFR 3.73(b) Is enclosed. (Form	PTO/SB/96)		· · · · · · · · · · · · · · · · · · ·		··········	
SIGNATURE of Applicant or Assignee of Record							
Signature	ARTUR GRUNWALD				Date	17.05.20	<i>0</i> 6
Name	April 5				relephone		
Title and Company							
NOTE: Signatures of all of algnature is required, see	the inventors or assignees of record of the ent o below.	lire interest or their	represent	abve(a) are required	i. Submli muli	liple forms if more than or	ne .
Total of 5	forms are submitted.						

This collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to life (and by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer.

U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patente, P.O. Box 1450, Alexandria, VA 22313-1450.

03/070

PTO/SB/81 (11-04)
Approved for use through 11/30/2005, OMB 0651-0035
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMB partial.

Under the Paperwork Reduction Act of 1995, no persons are requir

#### **POWER OF ATTORNEY** and CORRESPONDENCE ADDRESS INDICATION FORM

ed to respond to a collection of info	rmation unless it displays a valid OMB control number.	
Application Number	107575,730	١
Filing Date	APRIL 13, 2008	_
First Named Inventor	ARTUR GRUNWALD, ET AL.	
Title	AXIAL SETTING DEVICE	_
Art Unit		_
Examiner Name		
Attomey Docket Number	GKNG 1282 PCT	7

I hereby revoke all previous powers of attorney gi	ven in the above-identified	application.	
I hereby appoint:			
Practitioners associated with the Customer Number:	027256		
OR			
Practitioner(s) named below:			
Name	F	Registration Number	
as my/our altorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to transact	all business in the Unit	led States Palent and
Please recognize or change the correspondence address for	the shove-identified application to		
<b> </b>		'•	
The address associated with the above-mentioned C	Sustomer Number:		
The address associated with Customer Number: OR			
Firm or Individual Name			
Address			
City	State	Zi	р
Country			
Telephone	Fax		
Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form			
SIGNATURE of	Applicant or Assignee of Reco	rd	
Signature THEODOR CASEMANN		Date	12506
Name /// h//		Telephone	<u>/(7, 3, 06)</u>
Title and Company			
NOTE: Signatures of all the inventors or assignous of record of the enti- signature is required, see below.	ire interest or their representative(s) a	re required. Submit multip	le forms if more than one
Total of 5 forms are submitted.	<del> </del>	<del></del>	

This collection of information is required by 37 CFR 1.31, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of lime you require to complete this formandor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.